

EXHIBIT 10

NATIONAL PRACTITIONER DATA BANK

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000123578941
 Process Date: 05/05/2017
 Page: 1 of 3
 AKODA, CHARLES JOHN
 For authorized use by:
 AMERICAN BOARD OF OB/GYN

AKODA, CHARLES JOHN**DEPARTMENT OF HEALTH PROFESSIONS****STATE LICENSURE ACTION****Date of Action: 04/25/2017****Initial Action****Basis for Initial Action**

- SUSPENSION OF LICENSE

- CRIMINAL CONVICTION

A. REPORTING ENTITY

Entity Name: DEPARTMENT OF HEALTH PROFESSIONS
 Address: 9960 MAYLAND DR STE 300
 PERIMETER CENTER
 City, State, Zip: RICHMOND, VA 23233-1485
 Country:
 Name or Office: JAMES L. BANNING, DIRECTOR
 Title or Department: ADMINISTRATIVE PROCEEDINGS DIVISION
 Telephone: (804) 367-4402
 Entity Internal Report Reference: 177618
 Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: AKODA, CHARLES JOHN
 Other Name(s) Used:
 Gender: UNKNOWN
 Date of Birth: [REDACTED]
 Organization Name:
 Work Address:
 City, State, ZIP:
 Organization Type:
 Home Address: [REDACTED] [REDACTED]
 City, State, ZIP: [REDACTED] [REDACTED]
 Deceased: NO
 Federal Employer Identification Numbers (FEIN):
 Social Security Numbers (SSN): [REDACTED]
 Individual Taxpayer Identification Numbers (ITIN):
 National Provider Identifiers (NPI):
 Professional School(s) & Year(s) of Graduation: BENIN U-NIGERIA (1987)
 Occupation/Field of Licensure (Code): PHYSICIAN (MD)
 State License Number, State of Licensure: 0101250081, VA
 Specialty: UNSPECIFIED
 Drug Enforcement Administration (DEA) Numbers:
 Unique Physician Identification Numbers (UPIN):
 Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):
 Business Address of Affiliate:
 City, State, ZIP:
 Nature of Relationship(s):

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C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE
 Basis for Action: CRIMINAL CONVICTION (19)

Name of Agency or Program That Took the Adverse Action Specified in This Report: DHP OF VA ACTION

Adverse Action Classification Code(s): SUSPENSION OF LICENSE (1135)

Date Action Was Taken: 04/25/2017

Date Action Became Effective: 04/25/2017

Length of Action: INDEFINITE

Total Amount of Monetary Penalty, Assessment and/or Restitution:

Is Subject Automatically Reinstated After Adverse Action Period Is Completed?: NO

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken by Reporting Entity:

Agency Action: Mandatory Suspension. Virginia License Number: 0101250081. A printable copy of the order detailing this case can be found by selecting the license look up at the Virginia Department of Health Professions website. When you get to the license look up page, enter the Virginia License Number listed above in the License Number field in License Look Up, then click the Search button. The public information for that licensee will be displayed. If a red YES appears under the Additional Public Information heading, click on it and follow the links to access the Order. If you do not have web access, you can telephone 804 367 4444 to provide the license number and a copy of the Order will be mailed to you.

Is the Adverse Action Specified in This Report Based on the Subject's Professional Competence or Conduct, Which Adversely Affected, or Could Have Adversely Affected, the Health or Welfare of Patient(s)?: NO

Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

This report has been disputed by the subject identified in Section B.

At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

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At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 05/05/2017
Date of Most Recent Change: 05/05/2017

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

The Data Bank attempted to notify the Subject Identified in Section B on 05/05/2017 at the address below, but the attempt was unsuccessful.

14909 DOWNEY CT
BOWIE, MD 20721

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

— END OF REPORT —

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